



# CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

7700 E. Spring St. \* Long Beach, CA 90815 \* (562) 570-7387 \* FAX (562) 570-3053

Animal Care Services Bureau



## PETITION TO DECLARE WITNESS OF A VIOLATION(S) OF TITLE 6 OF THE LONG BEACH MUNICIPAL CODE

- ☐ DOG NOISE PROHIBITED LBMC 6.16.110
- ☐ DOG LEASH REQUIRED LBMC 6.16.100 A.
- ☐ DEFECATION REMOVAL REQUIRED LBMC 6.16.200

Person Responsible Name: \_\_\_\_\_

Person Responsible Address: \_\_\_\_\_

Address where dog(s) is/are kept if different than above \_\_\_\_\_

Description of the dog(s) \_\_\_\_\_

Describe the violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*We the undersigned, **declare under penalty of perjury**, and certify that the above statements are true and correct, and if requested are willing to appear and testify in the matter regarding the above described violation(s).*

*Note: Persons signing this petition **MUST** have direct knowledge of and be a witness to the violation(s) listed above and must personally complete the attached Complaint Investigation Report.*

Date	Name (print)	Signature	Address	Phone #



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## COMPLAINT INVESTIGATION REPORT

DATE: \_\_\_/\_\_\_/\_\_\_

PETITIONER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PETITIONER ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON RESPONSIBLE'S ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are you currently being bothered by any of the following?

Barking \_\_\_\_\_ Howling \_\_\_\_\_ Whining: \_\_\_\_\_ Defecation: \_\_\_\_\_

When was the last time and date you were disturbed?

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_/\_\_\_/\_\_\_ am pm

Comments: \_\_\_\_\_

Are you currently being bothered by a dog(s) running unleashed? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the last time and date you observed the dog(s) running unleashed? Date \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

Have you ever spoken to the PERSON RESPONSIBLE regarding your complaint? Yes \_\_\_\_\_

No \_\_\_\_\_

If you have spoken to the PERSON RESPONSIBLE, what was the date: Date: \_\_\_/\_\_\_/\_\_\_

Was there a sign of improvement? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

I, the undersigned, **declare under penalty of perjury**, and certify that the above statements are true and correct and declare the disturbance severe enough that I am willing to appear in a court of law and/or administrative hearing and testify as a witness and explain how I am being disturbed?

Yes, I will appear and testify if needed:

Signature: \_\_\_\_\_

No, I will not appear for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

Reviewing Officer's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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PETITIONER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PETITIONER ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON RESPONSIBLE'S ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are you currently being bothered by any of the following?

Barking \_\_\_\_\_ Howling \_\_\_\_\_ Whining: \_\_\_\_\_ Defecation: \_\_\_\_\_

When was the last time and date you were disturbed?

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_/\_\_\_/\_\_\_ am pm

Comments: \_\_\_\_\_

Are you currently being bothered by a dog(s) running unleashed? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the last time and date you observed the dog(s) running unleashed? Date \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

Have you ever spoken to the PERSON RESPONSIBLE regarding your complaint? Yes \_\_\_\_\_

No \_\_\_\_\_

If you have spoken to the PERSON RESPONSIBLE, what was the date: Date: \_\_\_/\_\_\_/\_\_\_

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PETITIONER ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON RESPONSIBLE'S ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are you currently being bothered by any of the following?

Barking \_\_\_\_\_ Howling \_\_\_\_\_ Whining: \_\_\_\_\_ Other: \_\_\_\_\_

When was the last time and date you were disturbed?

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_/\_\_\_/\_\_\_ am pm

Comments: \_\_\_\_\_

Are you currently being bothered by a dog(s) running unleashed? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the last time and date you observed the dog(s) running unleashed? Date \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

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